

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

35829

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... **St Louis** Primary Registration District No. **1003**
 (c) City..... (d) Street No. **5965 Page** Registered No. **9406**
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. **5965 Page** St. **6**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Anna Reese**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug 2 1865**
 7. AGE, YEARS **72** MONTHS **2** DAYS **5** If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Retired**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Salesman**
 10. Date deceased last worked at this occupation (month and year) **May Tobacco** Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Indiana**

13. NAME **Henry Reese**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Johanna Kille**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT (ADDRESS) **Mrs Anna Reese**
5965 Page

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mt Lebanon Cem** DATE **Oct 9** 19**37**

19. FUNERAL DIRECTOR (ADDRESS) **A Ellis**
5240 Delmar

20. FILED **OCT 8 1937** **H Biedeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 7** 19**37**

22. I HEREBY CERTIFY, That I attended deceased from **Oct 7** 19**37** to **Oct 7** 19**37**

I last saw him alive on **Oct 7** 19**37** Death is said to have occurred on the date stated above, at **8 P M**.

The principal cause of death and related causes of importance were as follows:

Atherosclerosis Date of onset

Other contributory causes of importance:

High Blood Pressure

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) **M. E. B. Barts** M. D.

(Address) **4300 Manchester**

STATEMENT BY LICENSED EMBALMER

Howard F Rowland

Licensed Embalmer No.

3114

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by

Registered Apprentice No.

working under my personal supervision.

Signed

Howard F Rowland

Licensed Embalmer No.

3114

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)